



Ministry of the Interior
Republic of Latvia

Synthetic drugs in Latvia

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The Ministry of the Interior of Latvia

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About Latvia



Capital: Riga

Area: 64,589 km²

Population: 1,953,200

Official language: Latvian

Governance: Unitary parliamentary constitutional republic

Member of EU: since 2004

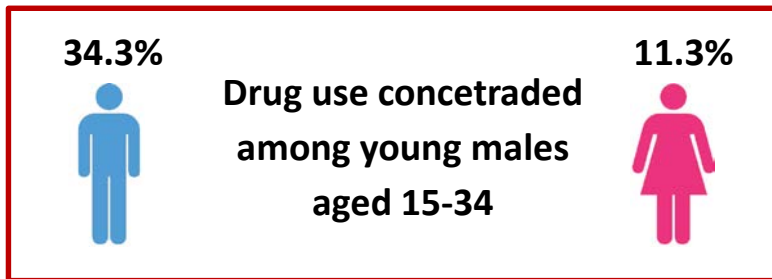
Economy: four cornerstones of the Latvian economy are agriculture, chemicals, logistics and woodworking.

GDP per capita: \$14,140



Drug Situation in Latvia

Drug use patterns and consequences



Cannabis is the most common illicit drug used. Also among young males – 31.5% have tried cannabis (2015);

The main injecting drugs are heroin and amphetamines;

In general, **low mortality** – there were 16 deaths in 2016 due to the drug overdose;

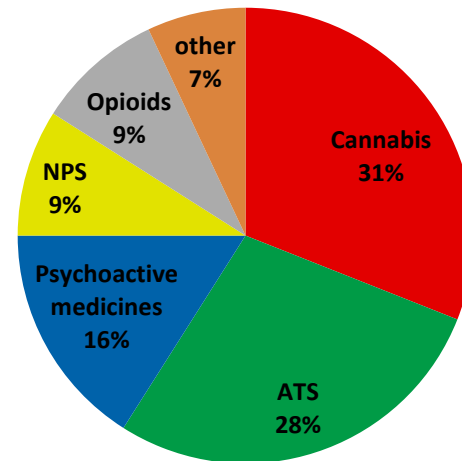
A high number of new HIV cases. Injecting is the second most common way of transmission (17%).

The illegal market

Latvia is mainly a **transit country** for illicit drugs. Drug production and cultivation is small.

Cannabis cultivation is mainly for personal use or for the local market. In 2016 – 34 cannabis cultivation sites

Seized drugs in 2016 (%):



Use of the **hidden websites** for drug purchases and **postal services** for drug trafficking is becoming more common

Synthetic Drugs in Latvia

Geographic location and climate are not favourable for drug cultivation. Substances such as cocaine and heroin are imported from distant countries. Trafficking is difficult and final purity and quality of substance on the market is low.

At the same time synthetic drugs are easily produced, low-cost, trafficking is less risky. Those are some of the reasons why synthetic drugs in Latvia are known already for several decades:

1990s – half-synthetic substance ephedrone became prevalent among people who inject drugs

2000s – Amphetamine type stimulants became popular in various sub-populations - among problematic drug users, also among party-goers

2010s – New psychoactive substances (NPS) as a replacement of herbal cannabis became popular among young adults. New form of synthetic and unregulated drugs.



The Problem of NPS



- The problem of NPS became visible in 2009, but despite several attempts to control these substances, new **NPS shops opened, selling these** substances to everyone at very moderate prices
- **Synthetic cannabinoids** or synthetic marijuana overwhelmingly dominated the market – in 2014, 25% of all drug seizures were related to NPS and 95% of them were synthetic cannabinoids
- Substances were mainly sent by post from **China and other Asian countries**
- In **2012, 2013, 2014** the NPS problem reached the peak. Especially popular among **young students aged 15-16** (13% LTP; ESPAD methodology, 2013) and **party-goers** (18% LTP; Drug use at recreational settings, 2012)
- **Threat to public health** – a number of drug intoxication cases rose considerably, especially due to the use of synthetic cannabinoids
- **Threat to public security** – few violent attempts to burn legal high selling places
- Attention of media and pressure by society to prohibit and control NPS.

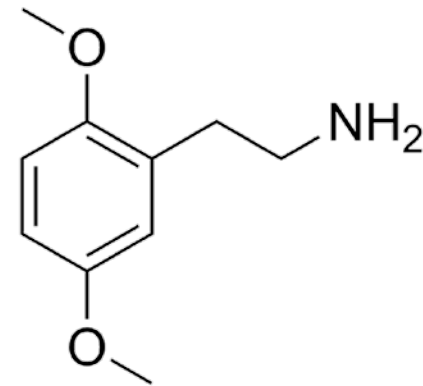
Legislative Response to NPS

In 2013 and 2014, a vast of amendments were made to several laws in order to control the “NPS epidemic”. The current legislation system targeting NPS consist of 3 pillars:

1 Generic scheduling (since 2012)

New generic groups are introduced regularly once or twice a year in order to control emergence of NPS;

By now there are 22 generic groups on the list of controlled substances



2 Temporary ban (since 2013)

Uncontrolled NPS
emerges on the market



Temporary ban up to 12
months



NPS is put on the list of
controlled substances

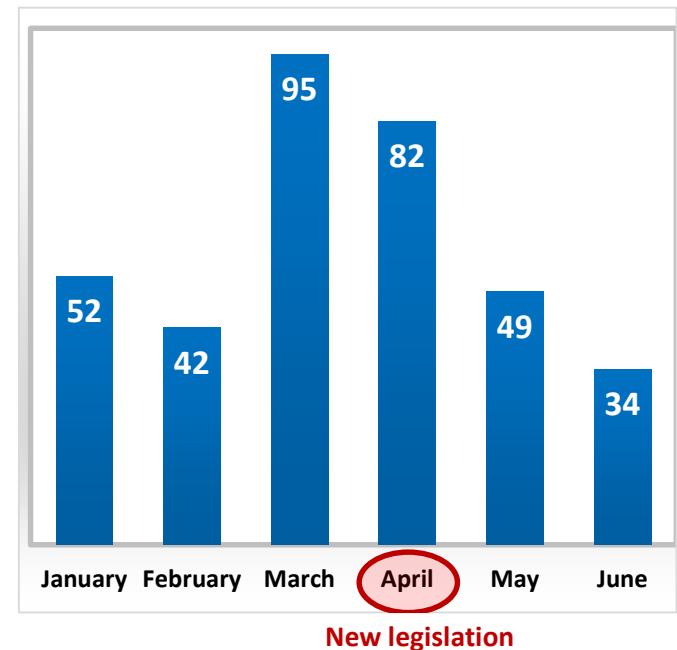
3 Criminal liability for temporary ban (since 2014)

The sanctions for violation of the temporary ban are the same as for “traditional” drugs, that is, criminal liability. With this controlling mechanism Latvia introduced proactive and precautionary drug control policy.

Results of the NPS Legislation

- Introduction of the criminal liability for substances under the temporary ban (**April 2014**) has been the turning point to close all “legal” selling places;
- **Reduction of the availability reduced the prevalence** of these substances – the number of intoxications and the level of reported use decreased. Overall, seems that “epidemic” was related to experimenting and curiosity
- NPS moved **to the illegal drugs market**, but at smaller extent.
- A new threat is emerging – instead of synthetic cannabinoids, new and very potent substance carfentanil is now on the illegal market
- NPS are here to stay. Control mechanism separately doesn't solve the problem. Demand reduction measures are very important!

The number of hospitalizations (F11-F19) by emergency medical service in 2014



NPS selling places in 2014 - 43

NPS selling places in 2015 - 0

Demand Reduction Response to NPS

- Prevention programmes targeting school students and young adults were carried out.
- Also trainings and informational materials for teachers, parents, as well as timely information exchange with healthcare, social care and addiction specialists;
- Better availability and accessibility of treatment programmes for minors (state funded additional places in these programmes);
- Harm and risk reduction is also an important element, especially now when carfentanil is on the market. Enhanced overdose prevention and naloxone programmes could minimize the possible risks of overdose;

ATKARĪBA!
KĀ SAŅĒMT MEDICĪNISKO PALĪDZĪBUP

KĀPĒC IR GRŪTI PĀRTRAUKT?
Atkarība rada nepieciešamību pakāpeniski paaugstināt narkotikas vietas devu.
Savukārt pārtraukšana rada gūstī, paaugstināta psihiskus traucējumus, kas izrod īpaši nopietni atkarotāju devu.

KĀS IR SOCIĀLA REHABILITĀCIJA?
Lai veicinātu pacienta atgriešanos pilnvērtīgā dzīvē, valsts apmaksā sociālo rehabilitāciju bērniem to saņem pēc psihoterapeitiskas vai narkoloģiskas ārstēšanas pabeigšanas. Pieaugušajiem pēc psihoterapeitiskas ārstēšanas pabeigšanas.

KĀ NOTIEK BĒRŅU ĀRSTĒŠANA?
Ārstēšana var notikt ar vienu no vecāku, aizbildni vai bārgpuses pārvērtanu. Bez piekrišanas ja apdraudēta bērna dzīvība vai bērnam situācija paliek traucējumi, kas apdraud viņu pašu vai citus.

KĀS SPECIĀLISTS VAR PALĪDĒT?
Alkohola, narkotisko, psihotropo, toksisko vielu, zārstspēju vai detoksipāciju atkarību nosaka narkologs.
Pie narkologa nosūta ģimenes ārsts, kas var arī sniegt informāciju par tuvākajām ārstniecības iestādēm, kurās pieejams ārsts.

KĀ NOTIEK ĀRSTĒŠANA?
Valsts apmaksā ārstēšanu, kas uzskaita pēc pacienta vēlēšanās, notiek ambulatori vai dienas stacionārā. Ārstēšana notiek ambulatori narkoloģiskajās ārstniecības iestādēs.

KUR VĒRSTIESP
NARKOLOĢISKĀS PALĪDZĪBAS SNIEDZĒJU SĀKĀKSTS
www.spkc.gov.lv/narkologiska-palidziba/

INFORMĀCIJA PAR VALSTS APMAKSĀTAS MEDICĪNISKĀS PALĪDZĪBAS SAŅĒMŠANU
Bez maksas tālruni 80001234

INFORMĀCIJA PAR SOCIĀLĀS REHABILITĀCIJAS SAŅĒMŠANU
www.siva.gov.lv/

CIK JĀMAKSĀ PAR ĀRSTĒŠANU?
Par valsts apmaksātu narkologa konsultāciju jāmaksā pacienta iemaksa 4,27 €
Par narkoloģisku ārstēšanu dienas stacionārā 7,11 € - slēgti ar otro diennakti.
Bērnu ārstēšana ir bezmaksas.

SPKC.gov.lv

Sintētiskie kanabinoīdi

SPKC.gov.lv

Conclusions

- The geographic location is one of the reasons why drug cultivation is not common and synthetic substances prevail more;
- The current problem of synthetic drugs is mainly related to NPS and new threats such as synthetic opioid carfentanil;
- NPS “epidemics” has resulted in a very cautious and proactive legislative framework. This policy reduced the availability of NPS, thus reducing also use and related health harms.
- Overall, seems that popularity of synthetic cannabinoids has been related to experimenting and curiosity;
- The NPS from the “legal” market moved to the illegal drugs market, but in general proportion and amount have decreased;
- Knowing that production of new synthetic drugs is easy and relatively accessible, these new substances are here to stay. Good drug demand reduction and harm reduction programmes are very important elements



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Thank You!